

# STATEMENT OF ORGANIZATION

OFFICE USE ONLY 1 / 3

**1. Name and Address of Committee**

Louisiana Speech and Hearing Association Poli  
8550 United Plaza Blvd, Ste. 1001

Baton Rouge

LA 70809

**2. Date of this Statement**

01/13/2014

**3. Estimated Membership**

45

**4. Amended Statement?**

☐ Yes ☒ No

Check if new committee ☐

PAC  
S/O  
1/31

#86458  
#110

14001162

**5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)**

Position	Name	Address
Chairperson		
Treasurer		

Please see attached sheets.

**6. Affiliated Organizations**

(Any organization, other than a political committee, which directly or indirectly established, administrators or financially supports this committee.)

Name	Address	Relationship to Committee

Please see attached sheets.

**7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions)**

Name	Address

Please see attached sheets.

**8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE:**

a. Check one: ☐ Principal Campaign Committee ☐ Subsidiary Committee

**b. Name of Candidate**

**c. Office Sought by the Candidate**

Please see attached sheets.

**9. Name of Person Preparing Report**

Daytime Telephone

Please see attached sheets.

**10. WE HEREBY CERTIFY** that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief.

Dated 01/13/2014

Signature of Committee Chairperson

*Gayla Reed*

Signature of Committee Treasurer, if any

Daytime Telephone Number

985-518-1100

Daytime Telephone Number

**Affiliated Persons / Organizations**

3 / 3

**Name and Address of Chair Person**Martin Audiffred  
106 Lodgepole Circle

Lafayette LA 70508

Chairperson:

**Candidate Information****Office Sought (Include title of office as well as parish, city, town and/or election district)**

Name of Political Party:

☐ SUPPORTED ☐ OPPOSED by the Committee

Daytime Telephone (Preparer):

Rel of Aff. Org. to Comm:

**Name and Address of Other Officer**Gayla Reed-Walton  
408 Charlotte Drive

Patterson LA 70392

Chairperson:

**Candidate Information****Office Sought (Include title of office as well as parish, city, town and/or election district)**

Name of Political Party:

☐ SUPPORTED ☐ OPPOSED by the Committee

Daytime Telephone (Preparer):

Rel of Aff. Org. to Comm: